

MUST BE TYPED OR PRINTED LEGIBLY

STATE OF MARYLAND
BOARD OF EXAMINERS OF PSYCHOLOGISTS
APPLICATION AS SPONSOR FOR CONTINUING EDUCATION ACTIVITIES

Under COMAR 10.36.02.05

Name of Organization or Individual

Responsible Officer

Address City State Zip Code

Telephone Number (include Area Code)

Type of Organization (check): _____ Psychological Association; _____ State; _____ Local;
_____ Regional; _____ National; _____ International; _____ Scientific; _____ Agency (Type):
_____ Institution; _____ Licensed Psychologist; _____ Other.

Form completed by:

Signature Title Date

Please enclose \$50 non-refundable application fee and mail to:

Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, MD 21215-2299

A separate form (enclosed) must be completed for each activity offered.

-----DO NOT WRITE BELOW THIS LINE-----

Fee Received: _____ Date: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Reason Disapproved: _____

A. GOALS AND OBJECTIVES:

Describe (1) the major goals and/or functions of the sponsoring organization; and (2) the goals of your continuing education programs for licensed psychologists.

B. ADMINISTRATION:

Identify the person(s) responsible for the administration of continuing education activities for licensed psychologists. Enclose a curriculum vitae.

C. FACULTY/INSTRUCTIONAL PERSONNEL:

What are your criteria for instructor selector for continuing education offerings?

D. SPONSORSHIP:

1. How many offerings do you plan to sponsor in the next year? _____

2. Describe the continuing education activities planned for next year: _____

3. How do you plan to promote your continuing education activities? Submit any promotional materials (brochures, advertisement, etc.) for previous continuing education activities. _____

4. Submit a copy of the certificate or other form of documentation of attendance and satisfactory completion to be given to participants.

5. Submit a copy of a rating form to be used by participants to evaluate your continuing education activity. The Board recommends inclusion of questions concerning content, instructor effectiveness and adequacy of time allotted.

E. FACILITIES:

Where will your continuing education activities take place: _____
